



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CA 90012



MARK J. SALADINO

TREASURER AND TAX COLLECTOR

July 10, 2012

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

18 July 10, 2012

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

Dear Supervisors:

**DEPARTMENT OF TREASURER AND TAX COLLECTOR
REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED)
(3 VOTES)**

SUBJECT

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 11689301 in amount of \$6,202.29
2. Account Number 11773901 in amount of \$16,500.00
3. Account Number 12430276 in amount of \$5,000.00
4. Account Number 12503809 in amount of \$6,950.21
5. Account Number 12503815 in amount of \$8,296.03

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation and the

County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Sustainability in pursuing collection of charges owed for County services.

FISCAL IMPACT/FINANCING

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

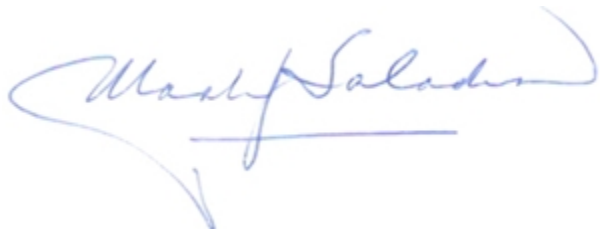
FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No impact.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:FR:efh

Enclosures

c: Chief Executive Officer
Auditor-Controller
County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.116A

Amount of Aid	\$41,150.00	Account Number	11689301
Amount Paid	0.00	Name	Adult Male
Balance Due	41,150.00	Service Date	05/09/08 thru 07/11/08
Compromise Amount Offered	6,202.29	Facility	LAC USC Medical Center
Amount to be Written Off	\$34,947.71	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an accident at an apartment complex. He was treated at LAC USC Medical Center at a cost of \$41,150.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$22,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$22,500.00	\$11,250.00	50.00%
Attorney Cost	2,500.00	2,500.00	11.11%
Robert K. Horramian, M.D.	3,081.00	1,000.00	4.44%
County of Los Angeles	41,150.00	6,202.29	27.57%
Net to Client	N/A	1,547.71	6.88%
Total	\$69,231.00	\$22,500.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.116B

Amount of Aid	\$96,706.00	Account Number	11773901
Amount Paid	0.00	Name	Adult Female
Balance Due	96,706.00	Service Date	12/25/08 thru 04/03/09
Compromise Amount Offered	16,500.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$80,206.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a slip and fall accident. She was treated at LAC USC Medical Center at a cost of \$96,706.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$75,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 30,000.00	\$30,000.00	40.00%
Attorney Costs	41,614.36	23,887.00	31.85%
F.E. Peredes, M.D.	80.00	23.00	0.03%
Gene J. Bautista, M.D.	789.63	268.26	0.36%
Daniel Radnia, M.D.	625.00	212.50	0.28%
Edward Stokes, M.D.	575.00	195.50	0.26%
Cambridge Medical Group	1,246.00	423.64	0.57%
County of Los Angeles	96,706.00	16,500.00	22.00%
Net to Client	N/A	3,490.10	4.65%
Total	\$171,635.99	\$75,000.00	100.00%

Our financial investigation reveals that the client is supported by her spouse with a moderate income from his employment. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 116C

Amount of Aid	\$32,405.00	Account Number	12430276
Amount Paid	0.00	Name	Adult Female
Balance Due	32,405.00	Service Date	01/22/11 thru 02/07/11
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$27,405.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$32,405.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	0.00	0.00	0.00%
County of Los Angeles	32,405.00	5,000.00	33.33%
Net to Client	N/A	5,000.00	33.34%
Total	\$37,405.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives financial assistance from a relative. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.116D

Amount of Aid	\$60,678.00	Account Number	12503809
Amount Paid	0.00	Name	Adult Female
Balance Due	60,678.00	Service Date	03/17/11 thru 05/20/11
Compromise Amount Offered	6,950.21	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$53,727.79	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus a bicycle accident. She was treated at Harbor UCLA Medical Center at a cost of \$60,678.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,333.33	\$ 8,333.33	33.33%
Attorney Cost	317.65	317.65	1.27%
Mc Cormick Ambulance	1,280.25	146.45	0.59%
Little Company of Mary	9,130.51	1,045.71	4.18%
Adam Velasco, D.C.	430.00	52.66	0.21%
Babak Omrani, D.C.	310.00	35.38	0.14%
County of Los Angeles	60,678.00	6,950.21	27.80%
Net to Client	N/A	8,118.61	32.48%
Total	\$80,479.74	\$25,000.00	100.00%

Our financial investigation reveals that the client supports herself with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 116E

Amount of Aid	\$332,188.00	Account Number	12503815
Amount Paid	0.00	Name	Adult Male
Balance Due	332,188.00	Service Date	03/18/11 thru 06/17/11
Compromise Amount Offered	8,296.03	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$323,891.97	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$332,188.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,333.33	\$ 8,333.33	33.33%
Attorney Cost	0.00	0.00	0.00%
McCormick Ambulance	1,493.50	1,344.15	5.38%
County of Los Angeles	332,188.00	8,296.03	33.18%
Net to Client	N/A	7,026.49	28.11%
Total	\$342,014.83	\$25,000.00	100.00%

Our financial investigation reveals that the client supports himself with a marginal income. He has no other source of income or tangible assets.